

**H.E.A.T Program/UTAP Program (Home Energy Assistance Target)**

Form 874 H-1

Rev. 08/11

APPLICATION**Please click the back button and click on "Where to Mail your HEAT Applications"**DATE: _____
Month Day YearApplication #/ID _____
Office Assigned

Have you applied for HEAT before? Y N Date: _____ Office: _____

APPLICANT NAME: _____ Male ☐ Female ☐
Last First MIIf you are eligible for the HEAT Program, you are also eligible for the Utah Telephone Assistance Program if your telephone company is a participating carrier & your phone is not a cell. Would you like to apply for UTAP at this time? Yes ☐ No ☐TELEPHONE: (_____) _____
Area Code Telephone Number Telephone Company If no telephone, would you like information on UTAP? Yes ☐ No ☐BIRTH DATE: _____
Day Month Year

SOCIAL SECURITY #: _____

MAILING ADDRESS:

RESIDENTIAL ADDRESS (Fill out only if different):

Apartment Complex Name and Number_____
Apartment Complex Name and Number_____
Street Address or PO Box_____
Street Address or PO Box_____
City State Zip Code_____
City State Zip Code

Circle: House or Apartment? Rent or Own? Subsidized/Govt. Assisted Rent? Y N Rent/Mortgage Payment? \$ _____

Do you share residence? Y N Does rent include utilities? Y N Which utilities? _____

Did you PAY: medical/dental insurance premiums, out of pocket medical expenses, child support, or alimony in the previous month? Y N☐ American Indian ☐ White ☐ Hispanic ☐ Black ☐ Asian ☐ Pacific Islander ☐ Other _____

Household Composition		Do you or anyone living in your household receive any of the following sources of income or assistance?	
Children under age 3	Y N	Employment (full time/part time) *Y N	Pension/Annuity/Retirement Y N
Children age 3 through 5	Y N	Self Employment Y N	Railroad Retirement Y N
Age 60 and older	Y N	Unemployment Benefits/Workman's Cp. Y N	TANF/FEP Y N
Handicapped/Disabled	Y N	Veterans Benefits Y N	Receive Child Support Y N
U.S. Citizens (all?)	Y N	Social Security Y N	Receive Alimony Y N
Receiving Food Stamps	Y N	Supplemental Security Income (SSI) Y N	Income from Rental Property Y N
		General Assistance Y N	Other Y N
Number of Adults: _____		Number of Children (under 18): _____ Note: Social Security cards must now be provided for all household members.	
		TOTAL # in Household: _____	

*If yes, how often are you paid? Please circle: Weekly, Biweekly, Twice a Month, Monthly.

Other persons in my household including other adults and children: (Continue list on back of white page if needed.)

1 st	Relationship	Birth date	Social Security Number	Sex	Income
NAME (Last, First)		mmm/dd/yyyy	_____	M F	Y N
2 nd	Relationship	Birth date	Social Security Number	Sex	Income
NAME (Last, First)		mmm/dd/yyyy	_____	M F	Y N
3 rd If more than 3, check <input type="checkbox"/> and attach an extra sheet.	Relationship	Birth date	Social Security Number	Sex	Income
NAME (Last, First)		mmm/dd/yyyy	_____	M F	Y N

White, File

Yellow, Office Use

Pink, Client

DECLARATION: By signing this application, I certify under penalty of perjury that the information I provided on this application is true. I agree to cooperate with state and federal officials in any review of my application and to provide information necessary to verify any statement herein. I hereby authorize SEAL program officials to make inquiry of persons, companies, financial institutions, and other state and federal agencies to assist in the processing of my application. I understand that giving false information or failing to notify SEAL programs when I no longer qualify may cause me to pay the difference between any eligible or ineligible amounts. I wish to enroll or re-apply to remain in Rocky Mountain Power's (RMP) HELP discount program that saves up to \$11.00 per month on my RMP bill. I will notify the State of Utah @ 1-877-488-3233, ext. 642 if my situation changes and I am no longer eligible for HELP. **Questar Gas** now offers the Energy Assistance Fund (EAF), which provides HEAT-qualified customers with a one-time \$52 credit per year. Those who qualify will receive a credit on their Questar bill once the HEAT credit has been applied. I understand that if I do not provide the necessary information to establish my eligibility within 10 days from this date, that my application may be denied. I understand that I have the right to a Fair Hearing if my application is denied or not acted upon with reasonable promptness. I further understand that if Federal HEAT funds are exhausted prior to processing this application, the State of Utah is under no obligation to make payment.

My HEAT payment is to be issued to the following utility(ies) in the percentages listed below (100%, 50/50%, or 25/75%):

%	Name of Utility Vendor(s)	Utility Account Number(s) Rocky Mountain customers must include Item #	Name on account (if different than applicant)
	Applicant	I agree not to change the vendor or % to which my HEAT payment may go after this date.	

Signature: _____ Date: _____

TO BE COMPLETED BY HEAT Worker Only: Verifications Worksheet

Month Used: _____

GROSS EARNED INCOME: List the **name** of each adult in the household. All adult incomes must be counted. If an adult has no income or no net business profit, put "0" and attach the signed "Zero-Deficit" income statement. Itemize each check by date.

Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$
Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$
Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$

GROSS INCOME: Subtotal ALL GROSS Earned Income above (before taxes or deductions) \$

Earned Income Credit: 20% of income (x .20 of subtotal) \$

NET EARNED INCOME (Subtract 20% from ALL earned income subtotal) \$

UNEARNED INCOME: List by name of each in the household and the source.

Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$
Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$

Subtotal ALL Unearned Income \$

TOTAL INCOME Add Total NET Earned & Total Unearned Income \$

DEDUCTIONS (Itemize each receipt and date paid in the Agency Checklist - Case Log.)

Medical Expenses (out of pocket medical expenses & insurance premiums) \$

Alimony/Child Support Payments/\$35 Target Deduction \$

Total Deductions \$

TOTAL NET INCOME: (Subtract Total Deductions from Total Income) \$

1. INCOME FORMULA

Total NET Income \$ _____
divided by 100% of the Poverty
Amount for a household size of _____
(see table) \$ _____ = _____ %
(Ineligible if over 150%)
subtract the % amount from \$225.00
= \$ _____
Total #1: \$ _____

2. ENERGY BURDEN

FUEL TYPE: _____
Household Energy Cost (Select one):
Actual Costs \$ _____
House Standard \$ _____ Apt. Stand. \$ _____
Room & Board Stand. _____ (10% of rent)
Divide Energy Cost selected above by total NET
income _____ = _____ X \$7.00 = _____
(Max. of 25) **Total #2: \$** _____

3. TARGET GROUPS

Child under 6 _____
Disabled _____
Over 60 _____
(Add \$35 for each category)
Total #3: \$ _____

Worker #: _____ Edit/Action Date: _____ Data Entry: _____ Denied Code: _____ (Total boxes 1, 2, & 3) Total HEAT Benefit

White, File Yellow, Office Use Pink, Client